

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1						61		
2						62		
3						63		
4						64		
6						65		
6						66		
7						67		
8						68		
9						69		
10						70		
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27						87		
28						88		
29						89		
30						90		
31						91		
32						92		
33						93		
34						94		
36						95		
36						96		
37						97		
38						98		
39						99		
40						100		
41						TOTAL IND.	7	
42						TOTAL DEP.	24	122556
43						TOTAL DEP.	24	122556
44						TOTAL DEP.	24	122556
46						TOTAL DEP.	24	122556
47						TOTAL DEP.	24	122556
48						TOTAL DEP.	24	122556
49						TOTAL DEP.	24	122556
60						TOTAL DEP.	24	122556
TOTAL IND.	7					TOTAL DEP.	24	122556
TOTAL DEP.	24					TOTAL DEP.	24	122556
TOTAL	31	122556	122556	122556	122556	TOTAL	122556	122556